This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	9/ 595 824
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Total Fee Calculation							
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee -	Total
,	Sm./Lg.				Sm. Entity	Lg Entiry	
Baule Filing Fee	201/101				· .	690 -	690
Total Claims >20	203/103	12 -20 -		X		<u></u>	
Independent Claums (-)	202/102	<u> </u>		X			
Multi Dep Claim Present	204/164						
Surcharge	205/105					130 -	130
English Translation	130						
TOTAL FEE CALCULA	TION						820
Fees due upon filing t	te application		·				
Total Filing Fees Due	= 5	820	(n)				
Less Filing Fees Subm	ined - S						·
BALANCE DUE	= \$	{	20.00				
Office of Initial Paced I	Artis Examination						

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